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## BIB DATA SHEET

CONFIRMATION NO. 7359

<b>SERIAL NUMBER</b> 10/789,065	<b>FILING or 371(c) DATE</b> 02/27/2004 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 110651-022		
<b>APPLICANTS</b> Moses A. Lipshaw, San Diego, CA; Sandra Anne Shaw, Coronado, CA; Todd Alan Carpenter, San Diego, CA; <i>TP 12/4/07</i>						
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/20/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/TARLA R PATEL/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 3/1
<b>ADDRESS</b> GORDON & REES LLP 101 WEST BROADWAY SUITE 1600 SAN DIEGO, CA 92101 UNITED STATES						
<b>TITLE</b> LIMB ENCIRCLING THERAPEUTIC COMPRESSION DEVICE						
<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		